



# Monthly Invoicing

**A Quick Reference Guide**

**U.S. Pretrial Services &  
U.S. Probation Office**

*Disclaimer: This guide does not replace or supplant instructions in the BPA, NCPO, or CPO.*

# Monthly Invoice

- Use the Administrative Office Invoice – Parts A and B
- Must be **received** by the PTS and USPO offices no later than the **10<sup>th</sup> of month**
- Must be **original** invoice with **original signature**
- Must have Copies of:
  - Monthly Treatment Report (MTR) for each client for Treatments and Evaluations/Assessments
  - Daily Sign-In Log for each client
  - Central Specimen Log
  - Copayment receipts

# Monthly Invoice

- Collect paperwork from clinicians:
  - Monthly Treatment Reports
  - Daily Logs
- Compare services on daily log to Probation 45-”Program Plan”
- Obtain copy of all copayment receipts for the month
- Visit [website](#) for information and [Vendor Forms](#)

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### Attachment 1.6

**COMPLETE ONE FORM PER CLIENT PER MONTH**

**Month/Year**     July 2012

[illegible]

URINE TESTING LOG

EXAMPLE

# Part A

- Part A

- A summary, by project code, of the total units of each service provided for all clients for the month, the bid unit price, and the total amount due.
- Total copayment collected for the month is subtracted from the subtotal
- **Must contain an original signature**

# Part A Example

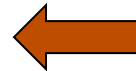
## (PART A)

1. Judicial District: Hawaii  
2. Vendor: Your Vendor Name  
Address: Vendor Address  
  
Telephone: Phone Number

3. P.O./BPA #: Contract Number Here  
4. Service Delivery  
From: 06/01/12 To: 06/30/12  
5. Total # of Individuals Served: 2

Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from sources other than the United States District Court.

\_\_\_\_\_  
Authorized Administrator



**Original Signature**

6. PROJECT CODE	7. QUANTITY(Units)	8. UNIT PRICE	8. UNIT PRICE	9. TOTAL PRICE
1010	3		10.00	30.00
2010	2		10.00	20.00
2020	4		10.00	40.00
Total Copayment (insert minus sign before total)				-20.00
1501 Admin. Fee				1.00
(5% of total copay)				
TOTAL FOR REIMBURSEMENT				71.00

# **Part B**

- **Part B Lists:**

- Client Name
- Client ID Number
- Each service provided
- Number of units
- Actual unit price bid in proposal
- Total price for that service

- **No-shows & stalls** may **not be charged**; included in bid.

- **Copayment** collected for month is subtracted from subtotal for each client

- **Reference unit** as referenced on website in **Section B-Supplies or Services**  
(per unit/specimen/session/etc.)

# Part B Example

Client Name	Client Number	Date of Service	Project Code	Quantity (Units)	Unit Price	Cost
John Doe	15555	06/01/12	1010	1	10.00	10.00
		06/03/12	1010	1	10.00	10.00
		06/03/12	2010	2	10.00	20.00
		06/10/12	2020	4	10.00	40.00
		06/10/12	Copay			20.00
		06/10/12	1501			1.00
			TOTAL			61.00
Jane Doe	15561	06/05/12	1010	1	10.00	10.00
			TOTAL			10.00



# Monthly Treatment Report

- Make sure all services are listed from the Daily Log.
- We prefer the MTR to be typed (at least legible) and signed by the counselor.
- Available as a [fillable PDF](#) on our [website](#)
- Remarks by counselor should include client's adjustment, responsiveness, and significant problems. Comments should not only note attendance and participation.

# **Copayment** (As instructed by PTS/USPO)

- Vendor **only accepts payments authorized on Program Plan** by U.S. Pretrial Services or U.S. Probation Office
- Establish receipt system
- Receipt copies are attached to billing
- Total receipts must match invoice total

# Contact Information

## U.S. Pretrial Services



### ● Send Invoicing To:

Carol Miyashiro, Chief  
U.S. Pretrial Services Office  
300 Ala Moana Blvd., Room 7-222  
Honolulu, HI 96850

### ● Billing Questions:

Diane Ota  
U.S. Pretrial Services  
808-541-1342

## U.S. Probation Office



### ● Send Invoicing To:

Lisa K.T. Jicha  
U.S. Probation Office  
300 Ala Moana Blvd., Room 2300  
Honolulu, HI 96850

### ● Billing Questions:

Lisa Jicha  
U.S. Probation Office  
808-541-1315